

	<b>INDIANA DEPARTMENT OF CHILD SERVICES CHILD WELFARE MANUAL</b>	
	<b>Chapter 8:</b> Out-of-Home Services	<b>Effective Date:</b> June 1, 2008
	<b>Section 30:</b> Psychotropic Medication	<b>Version:</b> 1

<b>POLICY</b>	<b>OLD POLICY: N/A</b>
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The Indiana Department of Child Services (DCS) will require that informed consent be obtained from the parent, guardian, or custodian and from the appropriate DCS Local Office Director or designee before a child in out-of home care is placed on psychotropic medication.

**Exception:** DCS will waive the requirement to obtain parental consent, if:

1. The parent, guardian, or custodian cannot be located;
2. Parental rights have been terminated;
3. The parent, guardian, or custodian is unable to make a decision due to physical or mental impairment; or
4. Prior court authorization has been obtained.

If the parent, guardian, or custodian denies consent a Child and Family Team (CFT) Meeting must be convened immediately to determine if DCS will seek a court order for authorization of the recommended medication. See separate policy, [5.7 Child and Family Team Meetings](#).

Medication can be administered without prior consent if it is needed to address an emergency condition in which the child is a danger to himself or herself or others, and no other form of intervention will mitigate the danger. Consent must be obtained within 24 hours of administering the initial dose of medication on the weekends or holidays.

DCS has the right to request a second opinion, if there are questions surrounding the need for and/or use of psychotropic medication.

Code References

[IC 16-36-1: Health Care Consent](#)

[IC 16-41-6-2 Informed Consent; Court Ordered Examinations](#)

<b>PROCEDURE</b>
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The Family Case Manager (FCM) will:

1. Engage the CFT regarding the physician's recommendation for psychotropic medication and develop a plan for ensuring the child's mental health needs are met. See separate policy, [5.7 Child and Family Team Meetings](#);
2. Review the [Authorization for Psychotropic Medication \(SF52802/CW2128\)](#) form with the parent, guardian, or custodian and the CFT. See separate policy, [5.7 Child and Family Team Meetings](#);
3. Obtain the parent, guardian, or custodian's signature on Section B of the [Authorization for Psychotropic Medication \(SF52802/CW2128\)](#) form. If the parent, guardian, or custodian denies consent, seek a court order if it is in the best interest of the child;

4. Submit the [Authorization for Psychotropic Medication \(SF 52802/CW2128\)](#) form to the DCS Local Office Director or designee;
5. Seek a second opinion from another physician or child psychiatrist for any recommendations that involve:
  - a. Prescriptions for five (5) or more psychotropic medications,
  - b. Prescription of an antidepressant to a child less than four (4) years of age,
  - c. Prescription of an antipsychotic medication to a child less than four (4) years of age, and
  - d. Prescription of a psycho stimulant to a child less than three (3) years of age.
6. Notify the requesting physician of whether the authorization has been granted and if any further action will be needed;
7. Provide the requesting physician and the parent, guardian, or custodian with copies of the [Authorization for Psychotropic Medication \(SF52802/CW2128\)](#) form once it has been completed (fax is acceptable);
8. Ensure that the resource family is aware of the purpose of the medication and the expected responses to the medication, including any possible side effects;
9. Ensure that the prescription is filled; and
10. Place the original signed [Authorization for Psychotropic Medication \(SF52802/CW2128\)](#) form in the child's case file.

The FCM will direct the prescribing physician to:

1. Complete Section A of the [Authorization for Psychotropic Medication \(SF52802/CW2128\)](#) form;
2. Submit the [Authorization for Psychotropic Medication \(SF52802/CW2128\)](#) form to the assigned FCM for the child; and
3. Contact DCS within 24 hours of administering the initial dose of medication if a child is placed on psychotropic medication due to an emergency condition.

The DCS Local Office Director or designee will:

1. Review all requests and complete Section C of the [Authorization for Psychotropic Medication \(SF52802/CW2128\)](#) form within one (1) business day of receiving the form from the FCM; and
2. Return the signed [Authorization for Psychotropic Medication \(SF52802/CW2128\)](#) form to the FCM.

#### **PRACTICE GUIDANCE**

N/A

#### **FORMS AND TOOLS**

NEW – [Authorization for Psychotropic Medication \(SF52802/CW2128\)](#)

#### **RELATED INFORMATION**

##### **Informed Consent**

“Informed Consent” as defined in Indiana Code [16-41-6-2](#) means authorization for a physical examination, made without undue inducement or any form of force, fraud, constraint, deceit, duress, or coercion after the following:

1. A fair explanation of the examination, including the purpose, potential uses, limitations, and the fair meaning of the examination results;
2. A fair explanation of the procedures to be followed, including the following:
  - a. The voluntary nature of the examination,
  - b. The right to withdraw consent to the examination process at any time, and
  - c. The right to anonymity to the extent provided by law with respect to participation in the examination and disclosure of examination results.

### **Psychotropic Medications**

Psychotropic medications are those prescription drugs used to control and/or stabilize mood, mental status, behavior or mental health. Psychotropic medicines generally fall into one of the following categories:

1. Antidepressant/Antianxiety, e.g., Prozac, Zoloft, Paxil;
2. Antipsychotic, e.g., Haldol, Risperdal, Zyprexa;
3. Psychostimulants, e.g., Ritalin, Adderall; and
4. Mood Stabilizers, e.g., Lithium.

### **Discussing Psychotropic Meds at Family Team Meeting**

The FCM should use the completed [Authorization for Psychotropic Medication \(SF52802/CW2128\)](#) form to focus the discussion at the meeting. In particular, the option of alternative therapies and behavioral approaches should be explored before psychotropic medication is considered. Additionally, the family may wish to invite the child's physician and/or psychiatrist to attend the meeting.

### **Requests that Require Increased Review**

There are certain circumstances that require additional consideration and review, including, but not limited to:

1. Prescription of five (5) or more different psychotropic medications;
2. Prescription of an antidepressant to a child less than four (4) years of age;
3. Prescription of an antipsychotic to a child less than four (4) years of age; and
4. Prescription of a psychostimulant to a child less than three (3) years of age.

### **Medications at the Time of Removal**

If a child is on psychotropic medication at the time of removal, the medication, potential side effects, and any concerns should be addressed with the child's primary care physician.